

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
INTERAGENCY INTERCEPT COLLECTIONS MS A 460
PO BOX 419001
RANCHO CORDOVA CA 95741-9001
TELEPHONE (916) 845-5344
FAX (916) 843-2460

AGENCY REQUEST FOR INFORMATION

Agencies may request prior payment detail reports by submitting this request form to us. We then send a combined monthly payment report to your agency. You may fax or mail your request to the fax number or address above (respectively).

Process year **2007**

Agency code: _____

Agency name: _____

Requestor's name: _____

Phone (____) _____ Fax (____) _____

Request information:

Month: _____

Amount: _____